

Canada's Psychiatrists of Terror

“The Agency doctors would continue committing serious breaches of their sacred oath; would still, if need be, use treatment methods that were reckless and dangerous to life.... The [CIA's] director [would look] beyond the borders of the United States, to Canada, to Montreal, to Dr. Ewen Cameron. The psychiatrist and his unsuspecting Canadian patients would be the Agency's flag bearers into the unknown world of influencing memory, changing personality, and disturbing the mind.”

Gordon Thomas, author,

*Journey Into Madness – The True Story of Secret CIA
Mind Control and Medical Abuse, 1989*

The reckless and dangerous treatment mentioned above that was used by Dr. Donald Ewen Cameron at the Allan Memorial Institute in Montreal was electroshock. The methods he developed were called “depatterning” and “psychic driving.” They destroyed a patient's personality by repeated shocks up to forty times the intensity considered safe. In the 1950s, the CIA paid Cameron \$69,000 to do this as part of their mind control operation code-named MK-ULTRA.

“OPERATION KNOCKOUT,” as part of MK-ULTRA, had the goal of conducting “research to define mechanisms involved in the production of involuntary sleep and related unconscious states.”⁵⁴ Many of Cameron's victims were placed into a drug-induced stupor sometimes lasting as long as 90 days. A continuous audio tape played negative messages to the patient 16 hours a day for several weeks. Patients received a shock to their legs at the end of the message. This was followed by 2 to 5 weeks of “positive” messages run the same way. Politically “correct” messages, therefore, were implanted into the individual's mind to be unwittingly acted upon in the future.

“Depatterning” was more violent. The patient was awakened two or three times every day for multiple electroshock treatments using a Page-Russell ECT machine which made it possible to give five consecutive electric shocks in one treatment. Dr. Mary Morrow, a psychiatrist assisting Dr. Cameron with his multiple shocking techniques, recalls how she was told to set the timer for six jolting shocks, the settings twenty times more powerful than she had ever seen used elsewhere. “They would go from one shock into another with apnea. That means their breathing would stop. And it was the most terrifying thing I've ever seen in my life before or since,” she would say later.⁵⁵

John Marks, author of *The Search For The Manchurian Candidate*, tells us: “The frequent screams of patients (usually women) that echoed through the hospital did not deter Cameron or most of his associates in their attempts to ‘depattern’ their subjects completely. Other hospital patients report being petrified by the ‘sleep rooms,’ where the treatment took place, and they would usually creep down the opposite side of the hall.”

Mr. L. McDonald, a patient who was 23 when Cameron “depatterned him,” had this to say – twenty-five years after his treatment: “I have no memory of existing prior to 1963, and the recollections I do have of events of the following years until 1966 are fuzzy and

few.... My parents were introduced to me... I did not know them. [My five] children came back from wherever they had been living. I had no idea who they were.”⁵⁶

Cameron was an eminent psychiatrist, revered by his colleagues, and was president of both the American Psychiatric Association and World Psychiatric Association. He was also a supporter of the Nuremberg Code, specifically designed to outlaw experimentation and medical maltreatment. He swore an oath to uphold the Code’s tenets and to abide by the Hippocratic Oath to “do no harm.”⁵⁷ His violation of these oaths and use of electroshock for medical torture, while claiming to his patients it was “therapy,” is a chilling insight into the mind of this psychiatrist.

In March 1980, eight of Cameron’s former patients sued the CIA and Canadian government over the mind control experiments they had been subjected to by Cameron.

On October 5, 1988, the CIA, represented by the U.S. Department of Justice, agreed to settle with the plaintiffs for \$750,000 on the understanding they would never discuss the case in public again.

Joseph Rauh, a lawyer for the plaintiffs, said that he hoped this case closed the door on this type of experimentation happening again. “I think the whole thesis of our case was that the program of human subject experimentation was shot through with negligent and callous disregard of the welfare of the subjects. It’s an ends-justifying-the-means mentality that I hope we have seen the last of.”⁵⁸

But for thousands of people in Sydney, Australia, such callous experimentation continued for more than a decade after Cameron died in 1967. Just as Cameron convinced his patients that pain, drug and implanted messages were “treatment,” Australian psychiatrists were able to beguile their patients into believing that the drugged sleep and electroshock they were to receive was “therapy.”

“The frequent screams of patients that echoed through the hospital did not deter Cameron... in [his] attempts to ‘depattern’ [his] subjects completely.”

John Marks *Author, The Search for the Manchurian Candidate*
1951

The Chelmsford Experience

“We put them twice, three times as deep as that.... Of course, it was rougher and tougher... the girls used to go gray in a matter of weeks. But nevertheless, the depth of [drug-induced] coma was the critical thing... you must keep them down... [then] we grafted the Minecta [ECT machine] onto the deep sedation business and found we got very much better results....”

Dr. Harry Bailey, 1978⁵⁹

Australian psychiatrist, Dr. Harry Bailey, used electroshock in his “Deep Sleep Treatment,” which led to at least 48 deaths.

The results of Deep Sleep Treatment (DST) are now common knowledge in Australia where it was practiced for 16 years before being banned as a violent and lethal practice. About 5,000 people were subjected to the drug and electroshock combination at a private psychiatric hospital called Chelmsford in Sydney, New South Wales. They suffered pneumonia, blood clots, anoxic brain damage (where oxygen stops flowing to the brain) – and some were paralyzed. A total of 48 people died.⁶⁰ DST was described by its chief proponent, Dr. Harry Bailey, as a “sort of deep coma” in which the patient is “held down” with a combination of barbiturates, sedatives and other psychiatric drugs for up to three weeks. ECT was regularly administered at least two or three times a week. Frequently, however, the patient was inflicted with electroshock on a daily basis and, when the hospital psychiatrists forgot to check the patient’s medical records, twice daily. Anesthetic was never given prior to the shock.



A 1990 inquiry by the New South Wales Royal Commission found that the reason anesthetics were not administered was either money-motivated (the psychiatrist wanted to take all the fees), or “the DST doctors did not want other doctors observing their treatments.”⁶¹ The latter is the more likely scenario, considering the following account of a patient’s testimonial before the Inquiry.

“My parents were introduced to me... I did not know them. [My five] children came back... I had no idea who they were.”

L. McDonald
*23-year-old victim of
electroshock depatterning,
Canada
1960s*

“Mrs. G. Whitty was admitted to Chelmsford [hospital]. She did not recall being physically examined by Dr. Bailey at any time.... Mrs. Whitty was put to bed and given a tablet. She said that although she was heavily sedated for most of the time, her constant convulsing and thrashing about kept bringing her out of sedation.

“The witness remembered falling out of bed at one stage and Dr. Bailey saying that she was too much of a ‘wiggler’ [A] short time after that she recalled waking up in a straitjacket.

”...She only learned she had been given ECT a few months before she gave evidence....”⁶²

Bailey had first studied DST in psychiatric centers throughout the U.S., Europe, Sweden and England in the late 1950s when the method was being used as part of mind control experiments for intelligence agencies. He also studied in Montreal at the height of Donald Ewen Cameron’s “psychic driving” deep sleep experiments. According to Bailey, DST was clinically developed in Switzerland in 1920, but its roots appear to be earlier in the American Civil War where soldiers too paralyzed with fright to continue fighting were given opium to put them to sleep for a week. The doctor who invented this returned to New York after the war and established a lucrative business conducting his opium practice, while addicting a great number of people in the process.⁶³ Bailey did the same, but with barbiturates and sedatives.

Bailey boasted in one court document that he had also tampered with the brain by “cutting it off electrically” for several minutes.⁶⁴ For a short period, he experimented with a technique known as “regressive ECT” or “electrical leucotomy.”⁶⁵ The belief was that a frequent use of ECT would take the patient’s mind back to infancy. The mind could be reprogrammed, thus avoiding future mental disturbance.

Bailey developed his own ECT machine he called the “Minecta” (miniature ECT apparatus) which he said prevented that “terrible jerk” with which “we used to break arms... leg[s] and elbows” during electroshock “in the old days.”⁶⁶

“The side effects from shock treatment were muscular paralysis and fits.”

Gloria Miles

ECT patient at Chelmsford Hospital, Australia

1989

In the majority of the Chelmsford cases, patients did not know they had been given ECT until after they had come out of their drug-induced comas. Still others were not aware until the Royal Commission established the fact in their medical records. Cases like Ashley Adams and Noel Ashley remind us of the implanted messages of Cameron’s electroshock regime. Both Ashley and Noel were subjected to deep sleep and electroshock and both complained it ruined their memory. Both were seen by Dr. Bailey in his city office after being discharged from Chelmsford hospital. Both explained to their spouses that after this meeting with Dr. Bailey, they felt there was no future for them. Both sent their loved ones on an errand and during this period took an overdose of drugs. Within 24 hours of their meeting with Bailey, Ashley and Noel had committed suicide.⁶⁷ What did Bailey say that prompted such a fatal response? What suggestions may have been made during deep sleep that, triggered by Dr. Bailey’s meeting, caused these two men to take their own life?

The Commission found that electroshock, given outside of the parameters of “consent,” is “an act of violence” constituting criminal assault.

In his final report, the Honorable Justice John P. Slattery found: “Some patients were treated contrary to their express wishes. Other patients were treated by stealth and deceit. The signature on some forms was obtained by fraud and deceit. Some were signed by people whose judgment was compromised by drugs. Some patients were woken up from their DST treatment to complete the authorization. Other patients were treated contrary to their express wishes and some were treated despite the fact they had specifically refused the treatment.

“The doctors and the nurses who treated patients without the patient’s consent, contrary to the patient’s consent, or on the basis of consent obtained by fraud or deceit, committed a trespass to the person of each of these patients and were responsible for an assault on them.”⁶⁸

“He never told me I would be given massive doses of barbiturates, kept in a coma, death-risking state and given ECT. Had I been told I would never gone near the hospital.”

L.O.
Patient’s testimony before the
Chelmsford Royal Commission, 1989

“I did not know this involved shock treatment or anything damaging to my health. The side effects from shock treatment were muscular paralysis and fits. Neither myself nor any member of my family signed any consent form.”

Gloria Miles
regarding Deep Sleep Treatment and ECT

The excruciating pain that would be felt from electroshock without anesthetic was not an issue to some South African psychiatrists.

This e-Book came to you from

